

7

Workloc Cd	Name	Core/SSN	Job Title S	2001 Rate	Inc. Amt	2002 Rate	Effective Date
WILDE	Blay,Raymond Y.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Davis,Anthony M.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Iovacchini III,Vincent J.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Jabkowski,Gregory M.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Kern,Clifford Albert	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Rowe,Adam T.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Tilman,Maryyna G.	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01
WILDE	Vlahos,Nicholas	REDACTED	Merchandise	\$22,000.00	\$0.31/hour Inc.	\$22,600.00	/12/31/01

**REDACTED**

DE-01-101-1000 + 1000

**CONFIDENTIAL**

PBG 00092

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

MARLAYNA G. TILLMAN,

Plaintiff, : C.A. Number: 04-1314

v. :

THE PEPSI BOTTLING GROUP, INC.,  
and TEAMSTERS LOCAL UNION 830

Defendants.

VERIFICATION OF SARA (SWARTZ) ALTMAN

I, Sara (Swartz) Altman, pursuant to 28 U.S.C. § 1746, state the following based upon my personal knowledge:

1. I was employed by Defendant Bottling Group, LLC ("PBG") as the Human Resources Representative (or Coordinator) for PBG from November 7, 2000 until I resigned on March 3, 2006.

2. On or about May 8, 2001, PBG hired Plaintiff, Marlayna Tillman, as a Merchandiser in its Wilmington, Delaware facility.

3. The Merchandiser position is a non-union position. Merchandisers generally work in bulk, a sub-department of the Sales department, which primarily services large retail establishments like grocery stores.

4. In or around November 2001, Plaintiff was temporarily assigned to perform merchandising duties in the conventional sub-department of the Sales department to assist with the Space Race campaign.

5. The "Space Race" campaign was an incentive program offered by PBG to its convenience store customers. Under the program, PBG provided incentives to customers in exchange for enhanced product placement within their stores. As part of the program, PBG agreed to reset (clean and reorganize) and merchandise the coolers in customers' stores which displayed Pepsi-Cola.

6. A key position in the Sales department is the Relief Driver position, commonly called other names including extra man. The Relief Driver position is covered by the collective bargaining agreement between PBG and Teamsters Local Union 830 ("the Union"). Relief Drivers cover for delivery drivers and are required to single-handedly sell and deliver product to stores and other retail establishments.

7. While performing merchandising duties in the conventional sub-department of the Sales department, Plaintiff expressed an interest in learning to drive a tractor trailer truck and obtaining a Class A Commercial Drivers License ("CDL-A license").

8. Plaintiff took and failed the written test for a CDL-A in or about May 2002.

9. Over the next few years, PBG offered Plaintiff additional opportunities to train for her CDL. Specifically, PBG offered Plaintiff the use of a PBG truck to train during her non-working hours. Plaintiff was also required to drive trucks in PBG's yard in the course of performing her duties. Additionally, PBG researched local truck driving schools for Plaintiff and agreed to permit her to take a leave of absence to attend one of the schools. Plaintiff declined this offer.

10. In or around September 2004, Plaintiff obtained a CDL-A license. Shortly thereafter, Plaintiff bid for and was accepted for a driving position at PBG. On September 19, 2004, Plaintiff transferred to the position of Transport Driver.

11. In or around June 2002, Plaintiff applied for and accepted a position as a Warehouse Person. Plaintiff was not transferred to the warehouse until approximately July 29, 2002. Between Memorial Day and Labor Day, the demand for PBG's products increases dramatically. As a result, Plaintiff's transfer was delayed slightly based on business needs. She was not the only employee so affected. Like Plaintiff, John Osciak (Caucasian Male), was awarded a job bid on May 27, 2002, but was not moved into his new position until August 6, 2002.

12. Pursuant to the collective bargaining agreement between the Union and PBG, Plaintiff became a dues paying member of the Union when she transferred to the position of Warehouse Person. Also pursuant to the contract, Plaintiff's rate of pay at the time of transfer was \$12.68 or 80% of the contract rate of \$15.75. Two other employees who transferred to the warehouse at approximately the same time, Stan Coleman (Black male) and Bill Becker (Caucasian male), were paid at the same rate. Nevertheless, based on Plaintiff's request, and because Plaintiff, Mr. Coleman and Mr. Becker were all internal transfers, Phil Weber, plant manager at the time, agreed to retroactively pay all three employees the full union rate as of the date of transfer.

13. On or about November 6, 2003, Plaintiff injured herself at work. As a result of this injury, Plaintiff was out of work from November 6, 2003 until April 19, 2004.

14. During this time, in March 2004, Plaintiff applied for and accepted employment with RJM Vending. Plaintiff did not advise PBG that she was working for RJM while still employed by PBG.

15. On or about June 1, 2004, Plaintiff allegedly reaggravated her injury and was again out of work until June 24, 2004.

16. Plaintiff began working for Cott Beverage. Plaintiff did not advise PBG that she was working for Cott Beverage while still employed by PBG.

17. In or about December 2005, PBG discovered Plaintiff was working for yet another company, J.B. Hunt, while still employed by PBG.

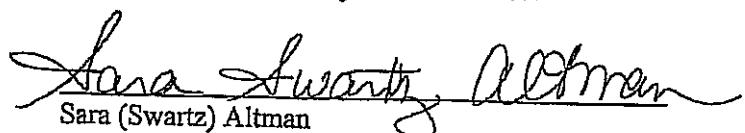
18. By letter dated January 5, 2005, I notified Plaintiff that PBG was terminating her employment retroactive to December 2, 2004.

19. Plaintiff has alleged that she was verbally reprimanded by Thomas Riley and Glenn Mathews for: "walking the dog"; not being a team player; and leaving work without checking with her supervisor. "Walking the Dog" is the unsafe act of walking in front of motorized equipment (typically a forklift), which violates PBG's safety rules.

20. Caucasian and/or male employees have been counseled for the same infractions.

21. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 26<sup>th</sup> day of March 2007.

  
Sara (Swartz) Altman

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THE PEPSI BOTTLING GROUP

**Open Job Notice**

<b>Internal Posting</b>	<b>External Posting</b>
Date of Opening:	For information on our Open House please
Date of Internal Posting:	Call our job line at 302.761.8683.
End Posting	<b>No faxes please</b>
Hiring Manager:	Applications will be completed at the Open
Job Opening #:	House.
Hourly Rate:	<b>PBG is an equal opportunity employer.</b>

**RELIEF DRIVER – SALES****JOB SUMMARY:**

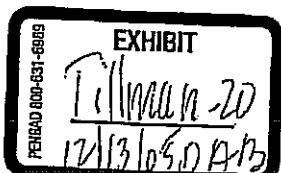
Act as a fill-in driver covering for the absence of a regularly scheduled driver by: selling, merchandising and servicing customers on an assigned route. Also fulfill miscellaneous duties assigned by manager.

**PRIMARY JOB ACCOUNTABILITIES:**

- Sell and execute all promotions
- Service all scheduled customers by end of shift
- Merchandise all accounts to local standards
- Fill coolers, racks, displays and vendors as necessary
- Keep accurate route book on assigned accounts
- Maintain clean and well organized truck
- Settles up using correct procedures according to policy
- Deliver bulk loads when necessary

**JOB ELIGIBILITY CRITERIA:**

- Must be at least 21 years of age
- Valid CDL "Class A" License
- Valid Driver's License
- No serious motor vehicle violations such as DWI, DUI in the past year
- No more than 1 other motor vehicle violation (e.g., reckless driving, failure to stop at a stop sign) within the past year
- Must pass road test per DOT guidelines
- Able to perform: physical lifting (frequently 40-50 lbs.), push/pull often up to 100 lbs., reaching above shoulder frequently, bending frequently, kneel/squat often



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Does not have Class  
A CDL

BID FORM

EMPLOYEE:

Andy Pono

DATE:

7-904

PRESENT POSITION:

P&O

BIDDED POSITION:

Transport

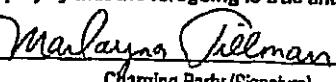
SIGNATURE:

Andy Pono

SUPERVISOR:

R. Hig

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<b>CHARGE OF DISCRIMINATION</b>		ENTER CASE NUMBER  <input type="checkbox"/> FEPA 0209613 <input type="checkbox"/> EEOC 17CA200627 and EEOC
This form is affected by the Privacy Act of 1974		
Delaware Department of Labor (State, or local Agency, if any)		
NAME (Indicate Mr., Mrs., Ms.) Ms. Marlayna Tillman		HOME TELEPHONE NO. (Include Area Code) (302) 762-0415
STREET ADDRESS P.O. Box 688 Claymont DE 19703-0688 NCC		CITY, STATE AND ZIP CODE COUNTY
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one, list below.)		
NAME Pepsi Bottling Group		NO. OF EMPLOYEES OR MEMBERS 100+ TELEPHONE NUMBER (Incl. Area Code) (302) 761-4848
STREET ADDRESS 3511 Governor Printz Boulevard, Wilmington, DE 19809		CITY, STATE AND ZIP CODE
NAME		TELEPHONE NUMBER (Include Area Code)
STREET ADDRESS		CITY, STATE AND ZIP CODE
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST 10/1/2001 LATEST 8/27/2002 <input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):		
<p>I am a black female individual who has been employed by Respondent since 5/8/01. Since in or about 10/1/01, and continuing to the present, Respondent has denied me various promotional opportunities, particularly for Driver positions. Instead, I have been assigned to work in various departments, including, currently, the Warehousing Department, where I am subjected to disparate treatment with regard to terms and conditions of employment. My supervisors, Glen Matthew (white male) and Tom Riley (black male) hold me to a higher standard than my white male coworkers with regard to rules and regulations. As recently as 8/27/02 I was falsely accused of leaving my shift without checking with the Supervisor On Duty. Also, I am paid lower wages than my white male counterparts, although I am expected to perform the same work as they are.</p> <p>I have been told that I could not get a Driver position because I am not in the union.</p> <p>I believe I have been discriminated against in violated of the Civil Rights Act of 1964, as amended, and the Delaware Discrimination in Employment Act, because: I am the only female working in my classification, and I am paid lower wages than my male counterparts, denied promotional opportunities, and held to a higher standard. I have seen male coworkers who are not in the union, some with less tenure, obtain Driver positions and thereby become union members.</p>		
<input checked="" type="checkbox"/> I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		SIGNATURE OF COMPLAINANT   I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
I declare under penalty of perjury that the foregoing is true and correct.  <i>8/28/02</i> <b>Marlayna Tillman</b> Date      Charging Party (Signature)		NOTARY - (When necessary to meet State and Local Requirements)  Subscribed and sworn to before me this date      (Day, month, and year)

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TO: MANUFACTURING & WHAREHOUSING EMPLOYEES  
FROM: PHIL WEBER  
RE: LAY-OFFS

DSTAIB Page 1 09/16/02

THE FOLLOWING EMPLOYEES MAY BE TEMPORAIRLY LAID OFF AT THE END OF THEIR SHIFTS ON 09/22/2002.

BECKER  
~~COLLIER~~  
Tillman  
R. SANTOS  
LEWIS  
~~YOUNGblood~~  
DAVIS  
EASTLOCK  
DiPROSPEROS  
CEPHAS  
THOMAS  
STONE  
STEWART  
WISE  
O'HARA  
MATHEWS  
WESTENBERGER  
CORRIGAN  
PURDY

PBG 00320

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## PERSONNEL ACTION REQUEST

PC-110318

EMPLOYEE ID 01155481	SSN/SIN 521282725	FIRST NAME marlauna	MI G.	LAST NAME Tillman
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## ACTION CODES (Check appropriate action)

EFFECTIVE DATE: 08/01/02 TERMINATION DATE: 10/00/02 LAST DATE WORKED:

<input type="checkbox"/> HIRE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> LEAVE (PAID)	<input type="checkbox"/> TERMINATION
<input type="checkbox"/> REHIRE	<input type="checkbox"/> PAY	<input type="checkbox"/> LEAVE (UNPAID)	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> POSITION CHANGE	<input type="checkbox"/> DATA (MISC)	<input checked="" type="checkbox"/> RETURN FROM LEAVE	

REASON: RFL/PDL POSITION #:

## FILL IN APPROPRIATE ACTION INFORMATION

COMPANY	BUSINESS UNIT	DEPARTMENT	LOCATION (W/M)
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JOB TITLE	JOB CODE	REG/TEMP	REGULAR	TEMPORARY
-----------	----------	----------	---------	-----------

FULL/PART	EMPLOYEE CLASS	SHIFT				
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> INTERN	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> DAY (1)	<input type="checkbox"/> EVENING (2)	<input type="checkbox"/> NIGHT (3)

STANDARD HOURS	CONTRACT TYPE	SEVERANCE ST OR STL	RELOCATION	SIGN ON'S	GRANDFATHERED
----------------	---------------	---------------------	------------	-----------	---------------

UNION LOCAL	SERVICE DATE (Vesting)
-------------	------------------------

PAYGROUP	EMPLOYEE TYPE	GL PAY TYPE (COST CENTER/FRANCHISE)	ACCOUNT CODE (LABOR)
	<input type="checkbox"/> EXCEPTION HOURLY	<input type="checkbox"/> HOURLY	<input type="checkbox"/> SALARIED

GRADE (BAND/LEVEL)	PERFORMANCE RATING	ABOVE TARGET	ON TARGET	BELOW TARGET
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COMPENSATION FREQUENCY	ANNUAL	HOURLY	WEEKLY	COMPENSATION RATE	\$	INCR. AMOUNT/PERCENT
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DOT/CDL DRIVERS LICENSE DATA		CDL: COL TRAINEE/LEARNERS PERMIT		OTHER DRIVERS LICENSE DATA	
<input type="checkbox"/> ACDL >26K CLASS A/TRAILER >10K	<input type="checkbox"/>	<input type="checkbox"/> D10K-10K-26K	<input type="checkbox"/> N: NON-COMMERCIAL LICENSE		
<input type="checkbox"/> BCDL >26K CLASS B/TRAILER <10K	<input type="checkbox"/>	<input type="checkbox"/> X: BOTH N & H	<input type="checkbox"/> I: INSUR PERSONAL INSURANCE REQUIRED FOR JOB		
COL ENDORSEMENTS (IF APPL):		<input type="checkbox"/> H: HAZMAT	<input type="checkbox"/> N: TANKER	<input type="checkbox"/> T: DOUBLE TRAILER	REC'D <u>10-24-02</u>

COMMENTS	ADP <u>10-24</u>
<i>Return from layoff</i>	EDMS <u>10-24</u>
	ETC <u>10-24</u>

PBG 00052

APPROVALS			
SUPERVISOR SIGNATURE <i>HS Clinton</i>	DATE 10-2-02	APPROVING MGR SIGNATURE	DATE
		HRM/HRD SIGNATURE <i>Imrej Dziewicki</i>	
		DATE 10/18/02	

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**TEAMSTERS LOCAL UNION NO. 830**  
**12298 TOWNSEND ROAD PHILADELPHIA, PA 19154**  
**(215) 671-9850**  
**(800) 321-9850**

No. 0663

**GRIEVANCE REPORT**

Downsizing to T.B.O.  
 Filed By: Maryann T. Hillman Company: Pepsi-Cola Dept.: Production  
 Shop Steward: Dickie Liprosky Date Filed: 4-2-02  
 Nature of Grievance: Laid off out of Seniority

Remedy Requested: Including, but not limited to: Layoff and recall by Seniority  
full back pay and benefits

Signature of Grievant: Jill T.B.O. Maryann Hillman

**EMPLOYER REPORT**

Date: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**SHOP STEWARD REPORT**

Date Grievance Filed with Company: \_\_\_\_\_ with Supervisor: \_\_\_\_\_

## Disposition:

<input type="checkbox"/> Remedy Granted	<input type="checkbox"/> Resolved	<input type="checkbox"/> No Merit
<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Referred to Union

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of Shop Steward: \_\_\_\_\_

**BUSINESS AGENT REPORT**

Company Representative handling grievance: Tracy D. Phil Weber

## Disposition:

<input type="checkbox"/> Remedy granted	<input type="checkbox"/> Grievance withdrawn	<input type="checkbox"/> Grievance denied
<input checked="" type="checkbox"/> Grievance Resolved.	<input type="checkbox"/> No merit	

Remarks: \_\_\_\_\_

PBG 00316

Final Disposition: Will be made whole and paid 4 weeks  
plus 2 days pay

Business Agent Signature: Douglas J. T. J.

NOTE: THIS GRIEVANCE RELATES TO THE INDIVIDUAL IDENTIFIED ABOVE AND ALL SIMILARLY-SITUATED  
 BARGAINING UNIT MEMBERS.

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GRIEVANCE RELEASE

I Marilyn Tillman that before signing the Grievance Settlement Agreement dated \_\_\_\_\_

I have had an adequate opportunity to review with the person of my choosing, and further agree that I fully understand the terms and conditions of the Grievance Settlement Agreement. I further acknowledge that I have not be coerced into signing the agreement and I have signed it knowingly and voluntarily.

I further acknowledge that Teamsters Local 830 representatives have explained and detailed my rights and options and I fully understand those rights and options.

I further acknowledge that Teamsters Local 830 has fully and fairly represented me in all matters pertaining to and relating to this grievance and my employment with P. B. G.

Grievance #'s 665, 489, 662, 662-2, 663.

Marilyn Tillman (all rights reserved)

  
Witness

Date: 1/21/03

PBG 00314

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A REGIONAL

DEFENSE LITIGATION LAW FIRM

**MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN**

A PROFESSIONAL CORPORATION

www.marshalldennehay.com

**1220 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888**  
**(302) 552-4300 • Fax (302) 651-7905**

**Direct Dial: (302)552-4323**  
**Email: econde@mdweg.com**

June 14, 2004

**BY CERTIFIED MAIL**

Erik C. Grandell, Esquire  
 1020 W. 18th Street  
 Suite 2  
 P.O. Box 2207  
 Wilmington, DE 19802



Re: Marlayna Tillman v. Pepsi Bottling Group  
 Our File No.: 06175-00465  
 IAB Hearing No.: 1242671  
 DOL: 11/06/03

Dear Mr. Grandell:

Enclosed please find Sedgwick CMS check number 0005552016 in the amount of \$4,934.99 payable to Marlayna Tillman. This check compensates your client for 11/06/03 through 4/18/04. Acceptance of this check represents acknowledgement of payment in full pursuant to the settlement in this case. Also enclosed is check number 0005552020 in the amount of \$3,790.29 for attorney fees.

Please direct your client to execute and return the enclosed Agreements and Receipts for Temporary Total Disability. Upon receipt of the executed documents we will file them with the Board. If you have any questions please do not hesitate to call. Thank you.

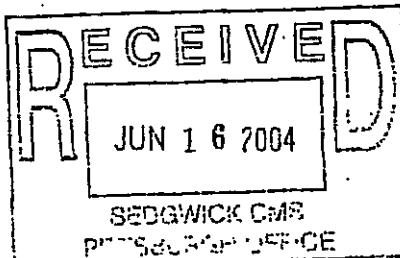
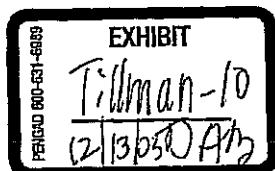
Very truly yours,

Erika Conde  
 Paralegal

/ec

Enclosures

cc: Christine Miller, Sedgwick Ins.  
 Claim No. A364618584



**17**

CASE FILE NO. 1242671  
 CARRIER FILE NO. A364618584

STATE OF DELAWARE  
 OFFICE OF WORKERS' COMPENSATION  
 AGREEMENT AS TO COMPENSATION

Employee MARLAYNA TILLMAN  
 Address P.O. BOX 688  
CLAYMONT, DE 19802

Employer PEPSI BOTTLING GROUP  
 Address 3501 GOVERNOR PRINTZ  
BELLEFONTE, DE 19809

Insurance Carrier/Self-insurer SEDGWICK CMS  
 Address US STEEL TOWER  
600 GRANT STREET, SUITE # 2944  
PITTSBURG, PA 15219

Third party Adjuster \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

The above have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto:

Date of Injury 11/06/03 Date Disability Began 11/06/03  
 Cause/Place of Accident SEE FIRST REPORT OF INJURY  
 Nature/Part of Body RIGHT KNEE & CALF  
 Probable Length of Disability (if known) 11/06/03- 4/18/04

The terms of this agreement under the above facts are as follows:

This agreement is for (check all that apply)  Total Disability  Temporary Partial Disability  
 Permanent Partial Disability  Disfigurement  Commutation  Medical Only  
 Salary In Lieu of Workers' Compensation

\*\*\* LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED\*\*\*

That the said MARLAYNA TILLMAN shall receive compensation at the rate of \$440.00 per week based upon an average weekly wage of \$660.00 and that said compensation shall be payable weekly bi-weekly  LUMP SUM monthly other (specify) from and including the 6th of NOVEMBER 2003 until APRIL 18, 2004.

BENEFITS FOR TOTAL/PARTIAL DISABILITY, (LOST WAGES) SHALL REQUIRE YOU TO ADVISE THE NAMED CARRIER/SELF-INSURED/THIRD PARTY ADJUSTER OF ANY CHANGE IN EMPLOYMENT STATUS AND/OR DISABILITY. FAILURE TO NOTIFY A CHANGE OF STATUS IS PUNISHABLE PURSUANT TO TITLE 18, DELAWARE CODE, CHAPTER 24, AND/OR TITLE 11 DELAWARE CODE, SECTION 913.

Witness \_\_\_\_\_  
 (signature)

Employee \_\_\_\_\_  
 (signature)

Address: \_\_\_\_\_

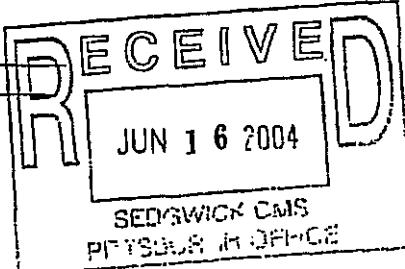
Adjuster/Attorney \_\_\_\_\_  
 (signature)

Phone Number \_\_\_\_\_  
 Date of Agreement \_\_\_\_\_

For Accounting Use Only:

Approved by: \_\_\_\_\_

Date of Approval: \_\_\_\_\_



Sedgwick Claims Management Services, Inc  
 600 GRANT STREET  
 USX TOWER, STE 2944  
 PITTSBURGH, PA 15219-2703

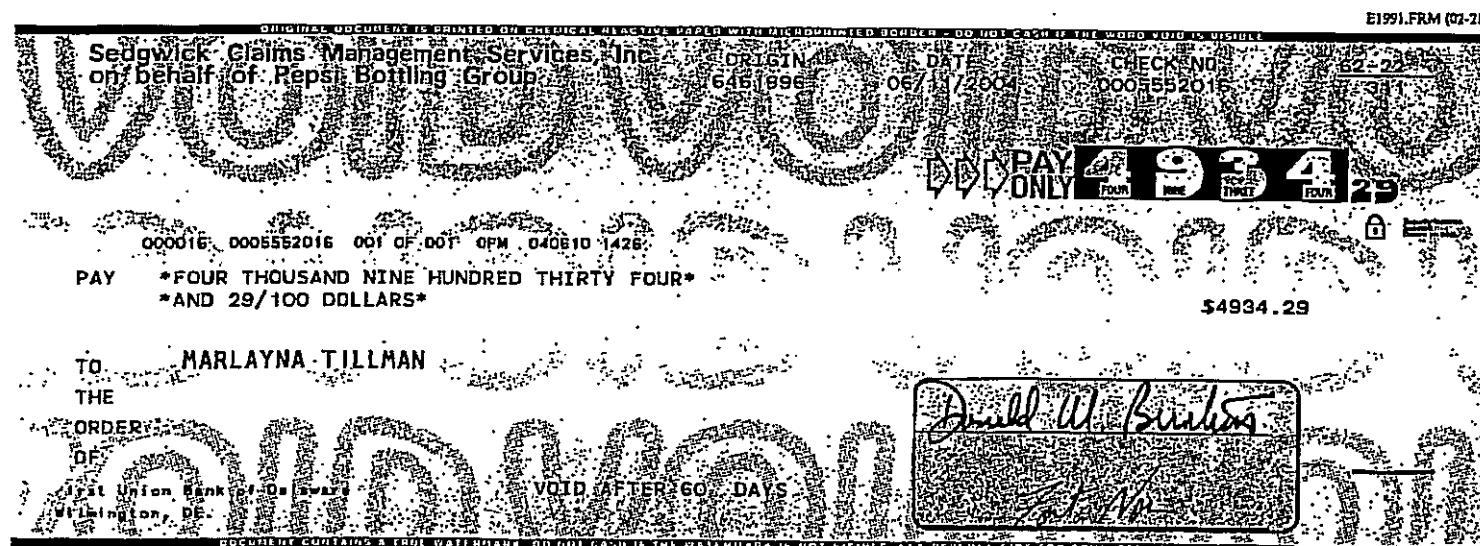
DATE	CHECK AMT	CHECK NO.
06/11/2004	4,934.29	0005552016
PAYEE	TAX ID	
MARLAYNA TILLMAN		

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

\*000016 0005552016 001 OF 001 DPM 040610 1426  
 Marshall, Dennehey, Warner, Coleman & Go  
 Attn: Christine O'Connor  
 1220 N. Market St. 5th fl PO Box 8888  
 Wilmington, DE 19899-8888

Cleint Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G.	11/06/2003	A364618584-0001-01	
Amt Paid: 4934.29	Description: Lump Sum-Temporary Disability		
Dates: 11/06/2003 - 04/18/2004	Comment: Disability bfts owed		

**RECEIVED**  
 JUN 16 2004  
 SEDGWICK CMS  
 PITTSBURGH OFFICE



00005552016 1031100225 2079950059703

Sedgwick Claims Management Services, Inc  
 600 GRANT STREET  
 USX TOWER, STE 2944  
 PITTSBURGH, PA 15219-2703

DATE CHECK AMT CHECK NO.

06/11/2004	3,790.29	0005552020
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PAYEE

BEVERLY L BOVE

TAX ID

510370163

SCMS UNIT

PAGE

646 Sedgwick Claims Management Services

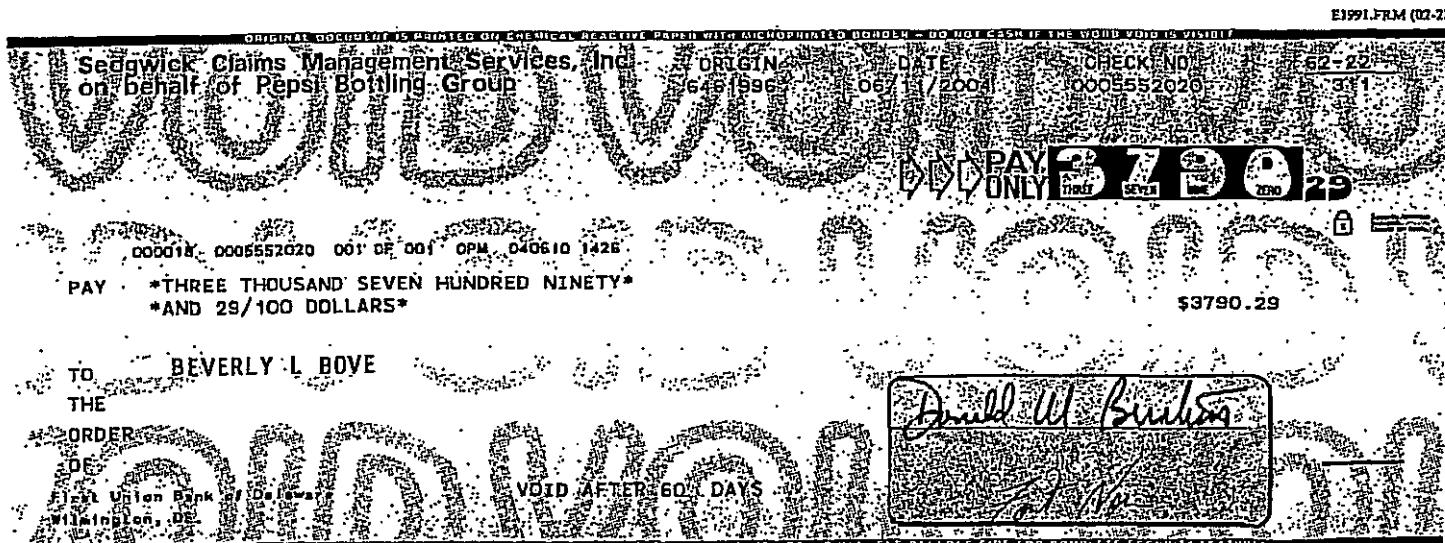
001

\*000018 0005552020 001 OF 001 OPM 040610 1425

Marshall, Dennehey, Warner, Coleman & Go  
 1220 N Market St, 5th fl. PO Box 8888  
 Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 3790.29 Amt Billed: 3790.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01 Description: Claimant Legal Expense (Indemnity) Invoice: ICN: A364618584000101 Comment: Atty fee's for Malayna Tillman	

**RECEIVED**  
 JUN. 16 2004  
 SEDGWICK CMS  
 PITTSBURGH OFFICE



00005552020 03110022512079950059703

CASE FILE NO. 1242671  
CARRIER FILE NO. A364618584

STATE OF DELAWARE  
OFFICE OF WORKERS' COMPENSATION  
RECEIPT FOR COMPENSATION PAID

DATE: June 14, 2004

Received of SEDGWICK CMS the sum of \$12,634.29\*, making in all the total sum of \$12,634.29 in settlement of compensation due for the TEMPORARY TOTAL \* disability of MARLAYNA TILLMAN which began on 11/06/03, and terminated on 4/18/04.

Employee Signature

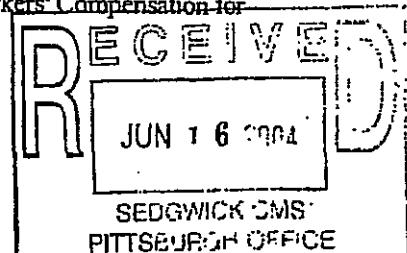
\*28.71 weeks of benefits at a compensation rate of \$ 440.00

\*\*\* LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED\*\*\*

\*\* RIGHT KNEE & CALF

Address:

Your signature on this receipt will terminate your rights to receive the workers' compensation benefits specified above on the date indicated. This form is not a release of the employer's or of the insurance carrier's workers' compensation liability. It is merely a receipt of compensation paid. The claimant has the right within five years after the date of the last payment to petition the Office of Workers' Compensation for additional benefits.



**MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN**

A PROFESSIONAL CORPORATION

www.marshalldennehey.com

20 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888  
 (302) 552-4300 • Fax (302) 651-7905

PENNSYLVANIA  
 Bethlehem  
 Doylestown  
 Eric  
 Lansburg  
 Newtown Square  
 Norristown  
 Philadelphia  
 Pittsburgh  
 Scranton  
 Williamsport

New Jersey  
 Cherry Hill  
 Roseland

DELAWARE  
 Wilmington

Ohio  
 Akron

FLORIDA  
 Ft. Lauderdale  
 Orlando  
 Tampa

Direct Dial: 302-552-4321

Email: coconnor@mdwcg.com

May 21, 2004

**VIA FACSIMILE & U.S. MAIL**

Erik C. Grandell, Esquire  
 1020 W. 18th Street  
 Suite 2  
 P.O. Box 2207  
 Wilmington, DE. 19802

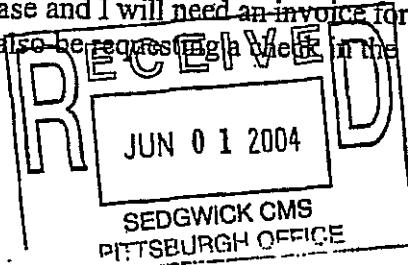
Re: Marlayna Tillman v. Pepsi Bottling Group  
 Our File No.: 06175-00465  
 IAB Hearing No.: 1242671  
 DOL: 11/06/03

Dear Erik:

Please accept this letter as an outline of our settlement terms related to the above-referenced matter. My client has agreed to recognize Ms. Tillman's right calf and right knee injuries that were sustained at Pepsi on November 6, 2003. We also have agreed to pay temporary total disability benefits from November 6, 2003 through April 18, 2003. This translates into 28.71 weeks of benefits at the rate of \$440.00 for a total of \$12,634.29. You and I have agreed to address any average weekly wage calculation issue at a legal hearing in the future, if necessary. If it is found that Ms. Tillman requires an adjustment to her average weekly wage compensation rate, we will pay additional temporary total disability benefits accordingly.

You and I also discussed the fact that Ms. Tillman received short term disability benefits from November 12, 2003 through April 13, 2003. She was paid \$350.00 per week for a total of \$7,700.00. My client has asserted its right to take a credit against temporary total disability benefits that are due. You and I have agreed to investigate whether the claimant paid into her disability insurance premium and this will determine whether or not she is owed the \$7,700.00 directly. For now, I will request a temporary total disability check in the amount of \$4,934.29.

Finally, my client has agreed to pay expert witness fees in this case and I will need an invoice for Dr. Bandera's deposition from you at your earliest convenience. I will also be requesting a check in the amount of \$3,790.29 for the 30% attorney's fee payment.



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3/16/04

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
TILLMAN Marlayna		3/16/04	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
7 Colony Blvd #111	Wilmington	DE	19802-2024
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PO Box 688	Claymont	DE	19703
PHONE NO.	REFERRED BY		
(302) 762-0415			

RECEIVE

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED
driver / sales	Immediately		Negotiable
ARE YOU EMPLOYED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	WHERE? WHEN?
	N/A		N/A

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL	Manual High School Denver, CO 80205	4	Yes	general studies
COLLEGE	Bryn Mawr College Bryn Mawr, PA 19010	1	No	English Lit.
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	N/A			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH  
WORK OR SPECIAL TRAINING/SKILLS

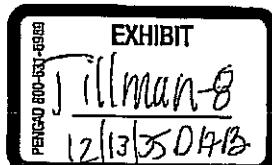
- \* Already experienced in all phases of Vending and routes sales -
- \* Forklift certified - Can operate manual/standard trans. vehicles
- \* Electric / Manual Pallet Jack Certified -
- \* GDL permit / Jockey truck certified -

U.S. MILITARY OR NAVAL SERVICE	RANK	N/A	3024 P2
--------------------------------	------	-----	---------

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM 5 2001 TO Present	PEPSI Bottling Group Wilmington DE 19809	\$16.15 hrly.	warehouse worker	Possible layoffs forthcoming
FROM 1 1999 TO 4 2001	Priority Express Courier	\$13.00 hr	delivery driver	Left for depri
FROM 10 1998 TO 3 1993	Boncast Cablevision New Castle DE	\$13.00 hr	dispatcher	Layoff/takeover-buyout
FROM TO				

11/09/2004 1:21PM



REFERENCES GIVE BELOW THE NAMES		PEOPLE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.	
NAME	ADDRESS	BUSINESS	YEARS KNOWN
Ron Flowers	(302) 888-1228	Pepsi Bottling Group	3
MAC Tinsley	(215) 235-4268	Wake Up Condition	10
Nate Coleman, Jr.	(215) 888-0831	Univ. of Pennsylvania	8

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE 3/16/04SIGNATURE Tamayna Gillman

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE****REMARKS**


NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
Hired	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is valid only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this

11/09/2004 1:21PM

**Form W-4 (2004)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 18, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

**Notes:** You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic Instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on limited

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 6 below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 918, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 40-EZ, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 918 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 918, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on the T differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

**Personal Allowances Worksheet (Keep for your records.)**

A Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A _____
B Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. }	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G Child Tax Credit (including additional child tax credit): • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G _____
H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. For accuracy, complete all worksheets that apply.	H _____
For accuracy, complete all worksheets that apply.	
■ If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	
■ If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married), see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.	
■ If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**

OMB No. 1515-0010

**2004**

► Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.

1 Type or print your first name and middle initial <b>MARLAYNA</b>	Last name <b>TILLMAN</b>	2 Year social security number <b>521 28 2225</b>
Home address (number and street or rural route) <b>PO Box 688</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <b>CLAYMONT DE 19703</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>5</b>		
6 Additional amount, if any, you want withheld from each paycheck <b>0</b>		
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► <b>7</b>		

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature

(Form is not valid unless you sign it) ► *Marlayna Tillman*

Date ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employee identification number (EIN)
---	--------------------------	---

11/09/2004 1:21PM

R.J.M. VENDING COMPANY

MARLAYNA G. TILLMAN

Employee ID: TILLMAN  
Social Sec # 521282725

	This Check	Year to Date	Total
Gross	300.04	300.04	300.04
SOC Sec	-11.16	-11.16	
Medicare	-2.61	-2.61	
			Commission
			0.04
			300.00
			0.04

Net Check: 286.27  
Check Date: 3/26/04  
HODERSON UNDERTHIN ENCLURE

Total: 300.04  
Pay Period Ending: Mar 26, 2004  
5064

19

06/09/04 FED 14:55 FAX 5409665242

PEPSI BOTTLING GRP

005

Claim Notes

Page 1 of 21

 Details	
Claim	Home Claim Search Query Menu Requests Downloads Contact Us Help
Workers Compensation	Claim#: A384618584-0001-01 Claimant Name: MARLAYNA G TILLMAN
ICD History	Last Date: 11/08/2003 Type: WC - WC
Managed Care	Examiner: Christine Miller Examiner Office: 332 - Pittsburgh, PA
Time Tracking	Vendor ID: 000 Processing Office: 646 - Dallas, TX
Work Status	Notes
Financial	
Overview	
Payment History	
Reserves	
Documentation	
Notes	
Diary	
Employee	
Employee Data	
Options	
Address Book	
Alternate Numbers	
Client Service Instructions	
Index System History	
Index System Reports	
Legal	
Miscellaneous	
Related Claims	
Status History	
Recoveries/Offsets	
Summary	
Plan Summary	
Other	
Print View	
Sign Off	

Notes Selection Criteria	
View Level:	Claim <input checked="" type="checkbox"/>
Sort Order:	Descending <input checked="" type="checkbox"/>
Filter for:	"All" <input type="checkbox"/>
	<input type="button" value="OK"/>
	<input type="button" value="Cancel"/>

Created	By	For	Type	Text
06/04/2004	cmiller	cmiller	EX	<p>Send email to karen davis, russ hall and lori rene</p> <p>Karen,</p> <p>I have spoken to defense counsel Christine O'C "aggravation of prior injury" per employee that to 06/1/04. Defense counsel and I agree that surve necessary on this employee. Pls provide author need a physical description as well in order to a as possible. Denial has been issued on the 6/1/ but we are both confident this will go to a Hearin like as much ammunition as possible.</p> <p>Christine A. Miller Claims Examiner III PH# 412-586-3136 FAX# 412-586-3150</p> <p>Board Rule 4 Notice sent to IW:</p> <p>June 3, 2004</p> <p>Marylyna Tilman P.O. Box 688 Claymont, DE 19703</p>

06/03/2004	cmiller	cmiller	EX	<p>RE: Employee: Marlayna Tilman Employer: PEPSI BOTTLING GROUP, INC Date of Injury: 11/06/03 Claim Number: A384618584</p>
------------	---------	---------	----	--

## BOARD RULE 4 NOTICE

Dear Ms. Tilman:

Sedgwick Claims Management Services admin  
Compensation claims on behalf of The Pepsi Bo

We are denying the period of disability as of Jun  
recurrence of the November 6, 2004 incident as  
Delaware Law requires that you be notified that

<https://viaone.sedgwickcms.net/scripts/cgiip.exe/WService=w5jurisweb/notes-cgi?Context-ID=z0 6/9/04>

PBG 01323

06/09/04 WED 14:55 FAX 5409665242

PEPSI BOTTLING GRP

008

Claim Notes

Page 2 of 21

limitations for workers' compensation claims is t  
your claim has been accepted as compensable  
made to you or on your behalf, the statute of limi  
years from the date of last payment.

If you have any questions, I can reached at 1-88  
3136.

Sincerely,  
Sedgwick Claims Management Services, Inc.

Christine Miller  
Claims Exam III

cc: Dept. of Labor  
Pepsi Bottling Group  
Beverly Bove

Christine O'Connor in depositions, spoke with p  
Casey reg new circumstances with employee re  
claim for re-aggravation of prior injury from 11/0  
Two separate issues exist, we still need to issue  
the closed period that we agreed to accept. As o  
recurrence on 06/1/04 we will be issuing a Rule  
as being related. We have a DME indicating she  
returning to position back in Feb 2004. No add'l  
necessary. We do not want to voluntarily accept  
aggravation. IW has worked full duty since 4/19  
since it is Pepsi's policy not to accomodate restr  
denied claims he would suggest Pepsi not offer  
work to IW.

Left message for Tabatha to pls contact me as

Called Tabatha, employee called Jobhurt 6/1/04  
has aggravated the same injury from 11/6/03. A  
employee is upset since she posted for a line dr  
employee with more seniority bumped her from t  
remains in the filler room. She stands on her feet  
majority of her shift. She realized in the morning  
was bumped from the position she wanted and  
she rpt'd this incident. Has returned to Banderas  
has placed her on TD which was effective 6/2/0  
L/M for Christine O'Connor D/C since this was a  
should Pepsi allow her to work TD. Since DME  
4/8/04 indicating she was capable of full duty wh  
our position in this matter?

Email rec'd from Tabatha/safety manager at facili

Marylana is stating that she re-aggravated her in  
tendon in her calf. Was this claim accepted or d  
previously. I know it was talked about but I don't  
results. If that one was denied, wouldn't this one  
I know she had surgery to correct the injury, Is it  
to re-aggravate it?

Let me know  
Thanks  
Tabatha

**20**



Payroll Change Notice					
Effective Date:	06/07/04 Month/Date/Year	<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Termination	<input type="checkbox"/> Status Change	<input type="checkbox"/> Transfer
<input type="checkbox"/> Compensation	<input type="checkbox"/> Job Change <input type="checkbox"/> Shift Change	<input type="checkbox"/> Bonus	<input type="checkbox"/> Disability Leave of Absence	<input type="checkbox"/> Address Change <input type="checkbox"/> Other	
<b>General Information</b>					
Employee #	451				
Employee Name:	Tillman, Marlayna			SSN:	521-28-2725
Department:	Shipping			Location:	Concordville
Title:	Forklift Operator			Reports to:	Dave Rawding
Status:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time	<input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Non-Exempt		
Date of Birth:	09/06/53 Month/Date/Year	Marital Status:	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	
Address:	P.O. Box 688 Street Address	Apt/Unit	Claymont City		
	DE State	19703 Zip Code	Country	302-762-0415 Phone	
<b>Demographic Information</b>					
<input type="checkbox"/> White	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Veteran
<b>Completion of Compensation &amp; Benefits</b>					
Current Salary:	\$ 12.93	Change in %	%	Bonus %	
New Salary:	\$ _____	Change in \$	\$ _____	Shift	
Rate 2	\$ _____	Rate 3	\$ _____	Pay Grade:	
Annual Vacation Entitlement:	Other: _____				
<b>Completion for Termination, Disability, Leave of Absence or Transfer</b>					
<input type="checkbox"/> Termination	<input type="checkbox"/> Disability	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Transfer	Reason: _____	
Vacation Taken:	Vacation Owed: _____				
Other (Give Details):	_____				
<b>Additional Comments</b>					
<hr/> <hr/> <hr/>					
Site Hiring Manager	_____ <i>[Signature]</i>			Title:	Date: _____
Site or Plant Manager	_____ <i>[Signature]</i>			Title:	Date: <u>6-14-04</u>
Vice President	_____ <i>[Signature]</i>			Title:	Date: _____
Site HR Manager	_____ <i>[Signature]</i>			Title: <u>HR mgmt</u>	Date: <u>6-8-04</u>
Divisional HR Director	_____ <i>[Signature]</i>			Title:	Date: _____
(All termination PCN's must be faxed to Columbus within 24 hours of termination date)					

Rev 3/03 M

PBG 01131

21

# Cott Beverages USA

APPLICATION FOR EMPLOYMENT

DATE 5/1/04

**Cott Beverages USA is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of various federal, state, and local laws which prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age (as prescribed by law), disability or marital status.**

or Proper Consideration, Answer Completely and Accurately. DO NOT REFERENCE RESUME.

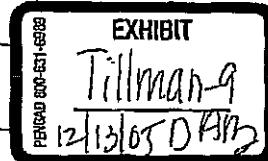
PLEASE PRINT OR TYPE)

## PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER
TILLMAN	MARLAYNA	G	521282725
HOME ADDRESS		AREA CODE/TELEPHONE NUMBER	
P.O. Box 688		(302) 762-0415 *	
TY	CLAYMONT,	STATE	ZIP CODE
		DE	19713
POSITION DESIRED	1ST CHOICE	2ND CHOICE	DATE AVAILABLE
	DELIVERY DRIVER/YARD Jockey	WAREHOUSE WORKER	5/20/04

## EDUCATION

EDUCATION	NAME OF SCHOOL, CITY, AND STATE	DATES ATTENDED		DID YOU GRADUATE?	COURSE OF STUDY	GRADE POINT AVERAGE
		FROM	TO			
HIGH SCHOOL	MANUAL HIGH SCHOOL DENVER, CO 80205			Yes	General	3.0
COLLEGE OR UNIVERSITY	BRYN MAWR COLLEGE BRYN MAWR, PA 19010			No	Major English Minor Music	2.8 3.0
TECHNICAL OR VOCATIONAL SCHOOLS	N/A					
OTHER SCHOOLS	N/A					



ADDITIONAL INFORMATION, PLEASE ATTACH AND INITIAL.

## PERSONAL REFERENCES

NAME	ADDRESS	PHONE	POSITION	YEARS KNOWN
Marie Flowers	1039 N. Pine St. #3 Wilm. DE 19802	(302) 888-1228	Warehouse worker	3 yrs
Reema Ernest	Coventry Lane Apts. Glen Mills, PA	(610) 410 8146	Secretary	3 yrs.
Rhelyn Tinsley	2017 S 71st St Phila PA 19142	(215) 729 2927	homemaker	15 yrs.

**22**



### Payroll Change Notice

Effective Date: <u>06/10/04</u> Month/Date/Year		<input type="checkbox"/> New Hire	<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Status Change	<input type="checkbox"/> Transfer	
<input type="checkbox"/> Compensation		<input type="checkbox"/> Job Change <input type="checkbox"/> Shift Change	<input type="checkbox"/> Bonus	<input type="checkbox"/> Disability Leave of Absence	<input type="checkbox"/> Address Change Other	
<b>General Information</b>						
Employee #	<u>451</u>					
Employee Name:	<u>Tillman, Mariayna</u>					
Department:	<u>Shipping</u>					
Title:	<u>Forklift Operator</u>					
Status:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time					
Date of Birth:	<u>06/06/06</u> Month/Date/Year	Gender:	<input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Non-Exempt		
Address:	<u>Street Address</u>		<u>Apt/Unit</u>	<u>City</u>		
	<u>State</u>	<u>Zip Code</u>	<u>Country</u>	<u>Phone</u>		
<b>Demographic Information</b>						
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Veteran	
<b>Complete for Compensation &amp; Benefits</b>						
Current Salary:	\$ <u>      </u>	Change In %	% <u>      </u>	Bonus %	<u>      </u>	
New Salary:	\$ <u>      </u>	Change In \$	\$ <u>      </u>	Shift	<u>      </u>	
Rate 2	\$ <u>      </u>	Rate 3	\$ <u>      </u>	Pay Grade:	<u>      </u>	
Annual Vacation Entitlement:	<u>      </u>					Other: <u>      </u>
<b>Complete for Termination, Disability, Leave of Absence or Transfer</b>						
<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Disability	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Transfer	Reason: _____		
Vacation Taken:	<u>      </u>					
Other (Give Details):	<u>      </u>					
<b>Additional Comments</b>						
<hr/> <hr/> <hr/>						
<b>Approval</b>						
Site Hiring Manager	<u>      </u>		Title: <u>      </u>	Date: <u>      </u>		
Site or Plant Manager	<u>      </u>		Title: <u>      </u>	Date: <u>      </u>		
Vice President	<u>      </u>		Title: <u>      </u>	Date: <u>      </u>		
Site HR Manager	<u><i>Patty Reid</i></u>		Title: <u>HR MGR</u>	Date: <u>7-16-04</u>		
Divisional HR Director	<u>      </u>		Title: <u>      </u>	Date: <u>      </u>		
(All termination PCN's must be faxed to Columbus within 24 hours of termination date)						

23

PBG 01564

